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AUTHOR Everitt, John; Gfellner, Barbara
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ABSTRACT

The "Share Our Services" program was established in Killarney (Manitoba), to Streamline existing volunteer services, to develop new services, and to collaborate with formal services to meet the needs of older and infirm adults living in the community. A sample of 212 older adults were interviewed in their homes concerning their housing, home-related activities, formal and informal supports, perceived needs, residential options, and preferences. Results indicated that although these small town elderly residents had substantial informal supports and used the formal services which were available, considerable input would be utilized in terms of home maintenance and management of daily activities and routines. The "Share Our Services" program is discussed as voluntary service support or as a complement to the delivery of formal services already available to the community. (TE)

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# OLDER ADULTS' NEEDS AND RESOURCES IN A RURAL COMMUNITY: THE SHARE OUR SERVICES PROJECT.

John Everitt and Barbara Gfellner
Departments of Geography, and Psychology
BRANDON UNIVERSITY, AND WESTARC GROUP INC.

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A paper presented to the 42nd Annual Meeting of the GERONTOLOGICAL SOCIETY OF AMERICA, Minneapolis, Minnesota
November 1989



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## ABSTRACT

The paper presents the results of a needs evaluation for the "Share Our Services" programme established in Killarney, Manitoba in recognition of the different aging processes characteristic of rural Canadian society. The purpose of the programme is to develop new and to streamline existing volunteer services and to interface with formal services to better meet the needs of older and infirm adults living in the community. A sample of 212 older adults were interviewed at home concerning their housing, home-related activities, formal and informal supports, perceived needs, residential options and preferences. Results indicated that although these small town elderly residents had substantial informal supports and utilized formal services available, considerable input would be utilized in terms of home maintenance and management of daily activities and routines. The "Share Our Services" programme is discussed as voluntary service support to complement the delivery of formal services available in the community.

## THE STUDY AREA.

The SOS project is being operated by the Tri Lake Health District, based in Killarney, Manitoba. Killarney is a small town of some 2,300 people, located 241 kilometres southwest of Winnipeg, the provincial capital, and 110 kilometres south of Brandon, the regional centre for Southwest Manitoba (Figure One).

Although first settled in the early 1880s, Killarney, like the vast majority of prairie towns, would not have grown to significance if it had not been for the arrival of the railway. The first train, operating officially under the name of the Manitoba Southwestern Colonization Railway, but in fact a property of the Canadian Pacific Railway, reached Killarney in December 1885. The settlement was incorporated a decade later, and has grown fairly steadily since that date (Table One).

TABLE ONE. THE POPULATION OF KILLARNEY, 1901-1986.

| | | | |
|---|---|---|---|
| 1901 | 585 | 1951 | 1,262 |
| 1911 | 1,010 | 1961 | 1,729 |
| 1921 | 871 | 1971 | 2,074 |
| 1931 | 1,003 | 1981 | 2,342 |
| 1941 | 1,051 | 1986 | 2,318 |

The contemporary town acts as a service centre for the local area (the Census Division in which it is located contains nearly 17,000 people), and also operates as a retirement focus for the surrounding region. Consequently the proportion of people over 64 years old (26.5%) is significantly higher than the provincial (12.6%) average.

Older adults represent not only the fastest-growing age group in many rural areas of Manitoba -- such as Killarney -- but also a group of very high users of health care and social services. In Killarney the elderly are scattered throughout the settlement in single family dwellings and apartment units, but are also catered to by a "Personal Care Home" (Bayside) which adjoins the Tri Lake Health Centre), a "Senior Citizens' Home" (Lakeview), and two clusters of "Elderly Persons' Housing" (Royal Manor, and Willow Lodge) (Figure Two).

## THE SHARE OUR SERVICES PROJECT.

As the population of North America ages, different strategies must be found that can improve the organization and financing of services for the elderly; the policies that are presently in place are proving to be inadequate to cope with the challenges of the current aging process. This is principally due to the recent increased demand for such services, as well as the increased costs associated with providing them. As the proportion of elderly in the population is projected to continue to increase into the foreseeable future, these demands are likely to escalate.

The "share our services" [S.O.S.] Project represents one such attempt to bring in a new pattern of service provision that is both "appropriate" and "cost effective". It is being operated by the Tri Lake Health District, based in Killarney, Manitoba (Figure One). The basic purpose of the `Share Our Services' [S.O.S.] project is to utilize volunteers from the local community to provide certain services to those elderly and handicapped, living in their own homes, who are in need of a variety of forms of assistance. In this way it is hoped that the elderly and handicapped will be able to continue to live in their own homes, thereby reducing the overall cost of institutionalization, as well as increasing the well-being of the programme participants, and of the volunteers themselves.

The project was initiated because the Tri Lake Health District Board felt that, although many volunteers were already providing random services to seniors, there was a need to have an organized programme and have it integrated with community programmes already in existence. In addition to this perceived need, the Board believed that there were numerous volunteers in the local community who had abundant services to offer and share with other members of the community, and that this sharing process would benefit the volunteers as well as the programme participants.

Consequently the Board applied for and received a Health and Welfare Canada grant in order to initiate the S.O.S. project. One purpose of this grant is to evaluate the extent to which S.O.S. is able to meet its stated objectives, and this task is to be completed, over a three year period, by Westarc Group Inc., a consultant body based in Brandon, Manitoba. It is thus the responsibility of westarc to develop the appropriate evaluation design in order to, in some measurable ways, determine the success of the S.O.S. Project.

This process involves the collection and evaluation of both base-line data, and end-of-project data. Westarc will also be involved with monitoring the project throughout its lifespan, as well as giving assistance to interim data collection and report writing procedures. At the conclusion of the project an end-of-project report will be prepared by the Westarc Consultant and the S.O.S. project Coordinator, for Health and Welfare Canada. This paper reports the results of the baseline assessment, which involved a study of background data on the retirees in Killarney, and the perceived needs and resources of this population.

## S.O.S. PROJECT OBJECTIVES.

Discussions between the Tri Lake Health District Board, Health and Welfare Canada, the Manitoba Provincial Gerontologist's office, and consultants from Westarc Group Inc., led to the refinement of this original concept into four major objectives for the S.O.S. Project:

1) To analyze the complementarity between the services that will be provided by S.O.S., by the government, and by informal support systems that are already in existence. The identification of gaps in the services provided, would be followed by the provision of these services to the elderly and handicapped who are living in their own homes.

2) To evaluate the extent to which S.O.S., by the use of volunteer services, can reduce the rate of institutionalization of the elderly, and thus reduce the average waiting time for admission to institutions and/or formal home care.

3) To improve the well being of the elderly and handicapped, to raise the life satisfaction of the participants, and as far as possible meet the perceived needs of the project clientele. This objective would necessarily be preceded by a study of the receptivity of seniors to a programme such as S.O.S, which would include a survey of their needs and desires.

4) To improve the well being and life satisfaction of the volunteers who take part in the programme.

## SERVICES PROVIDED BY S.O.S.

### (A) Volunteer Services.

Seventy two volunteers have been registered - many being contacted as a result of the base-line survey. Twenty one are currently active in the community through S.O.S., and 38 are involved with Meals on Wheels. Many of these volunteers are also active in the Tri Lake Health Centre facilities Volunteer Department.

TABLE TWO: SERVICES PROVIDED BY S.O.S.

MEALS ON WHEELS.
APPOINTMENT ASSISTANCE.
SHOPPING ASSISTANCE.
WALKING PARTNERS (DAILY AND WEEKLY).
CAR RIDES.
VISITING.
NEWSPAPER READING.
VOLUNTEER SITTERS DURING ALZHEIMER GROUP MEETING.
SPEECH THERAPY ASSISTANCE.
FRIENDLY PHONE CALLS.
DAILY PHONE CHECKS - SAFETY.
ASSISTANCE TO ENTERTAINMENT.
RESETTLEMENT IN HOME OR APARTMENT.
INFORMATION AND REFERRAL.
HEALTH PROMOTION - "DISCOVER CHOICES" PARTNER.

(B) Services Referral.

In addition to finding volunteers, the project coordinator has also been involved in looking for other people who would be able to provide paid services to the elderly and handicapped. This aspect of the project was initiated in part to fill a gap, should volunteer services not be available for selected tasks, and in part because some of the elderly in Killarney refused to accept what they considered to be 'handouts', even from volunteer community members, but still wanted a service provided. Such paid-service data has been compiled in a "Services Referral Directory". The Coordinator is, however, only responsible for bringing the two parties together. She has not been, and will not be, involved in the supply of the services, or in the payment for these services. Information on paid services, collected by the S.O.S. Coordinator includes:

i) Service - type worker would do - seasonal or regular.
ii) Rate - Hourly or contract.
iii) Availability of worker.
iv) Date Listed.
v) Name, Address, and Phone Number.
vi) Other Comments.

When a request for services is received, the senior is given the names of three different service personnel and their pay rates, that he/she might contact. A request is made of the senior to check back with S.O.S. if they have a problem with the service, or if it is unsatisfactory. One aim is to respect their right of choice, as well as to encourage independence. A follow-up call is made whenever possible to see if the senior has used the listing. If they find it difficult to contact a worker or a obtain a service, a volunteer or the S.O.S. Coordinator does the 'linking' and helps to institute the service.

C. Services offered through Referral Services Directory.

House cleaning.
Snow removal.
Yard maintenance.

D. Project Expansion.

S.O.S. Services are presently functioning in the Killarney District from the Tri Lake Health Centre. Contacts have been made in the surrounding communities of Ninette, Margaret, Dunrea, and Cartwright on a referral basis. As needs are identified and programmes developed, it is anticipated that a greater expansion of S.O.S. services will take place throughout the Tri Lake Health District. It is also planned that the following services will be developed as soon as possible:

i) Foot care service to seniors on a regular basis.

ii) Hearing-screening clinics through the Provincial Audiologist in Brandon.
iii) Regular exercise schedules from the two Elderly Persons Housing Units, including seniors from surrounding houses.
iv) Musical performances for seniors.
v) Congregate meal programme.
vi) Health Promotion, through "Discover Choices" programme pattern, to reach `hard to reach' seniors. Group discussions are anticipated, as well as one-to-one visits for house-bound seniors.

## METHODS AND TECHNIQUES OF THE STUDY.

### The Sample.

This consisted of 210 older adults not living in personal care homes who represented a random sample of the Killarney population of adults 60 years of age and older. The sample was chosen from data supplied by the Manitoba Health Services Commission, with the result that it was (i) as up-to-date as possible, and (ii) as complete as possible. The sampling frame was divided into six strata on the basis of age and sex, and a random sample was chosen from each stratum. On this basis, 324 names were chosen, and 212 successful interviews were completed giving a 65% success rate (Table Two).

TABLE TWO: DISTRIBUTION OF THE SAMPLE.

| | MALES | FEMALES | TOTAL |
|---|---|---|---|
| 60-69 | 29 | 38 | 67 |
| 70-79 | 34 | 38 | 72 |
| 80+ | 33 | 38 | 73 |
| | 96 | 114 | 212 |

The individual reasons for unsuccessful interviews were many and varied but could be roughly grouped and summarised (Table Three). The largest number of refusals was in the 70-79 age group (59% success rate); for the 60-69 age group the success rate was 63%; for those over 80 years old it was 72%.

TABLE THREE: REASONS FOR UNSUCCESSFUL INTERVIEWS.

| | | |
|---|---|---|
| I] | 27 | NOT IN KILLARNEY DURING INTERVIEW PERIOD |
| II] | 6 | WHO HAD MOVED TO PERSONAL CARE HOMES |
| III] | 9 | DECEASED |
| IV] | 3 | UNABLE TO LOCATE |
| V] | 27 | AGREED BUT LATER REFUSED |
| VI] | 42 | REFUSED |
| | 114 | |

## PROCEDURE AND VARIABLES.

Participants were interviewed at home by trained volunteer interviewers. Eighteen interviewers were used in the interview process, with the average number of interviews completed by each person being 11.8. Completed interviews were checked by a research assistant in order to assure 'quality control'. The instrument used was one that had previously been used in gerontological surveys throughout the Province of Manitoba during the "Aging in Manitoba" study. Participants responded to questions that indexed their:

(1) HOUSING SITUATION;
(2) HOME-RELATED ACTIVITIES;
(3) COMMUNITY ACTIVITIES;
(4) FORMAL AND INFORMAL SUPPORT SYSTEMS;
(5) PERCEIVED RESIDENTIAL OPTIONS AND PREFERENCES;
(6) PATTERNS OF, AND OPTIONS FOR, TRANSPORTATION;
(7) OVERALL HEALTH AND WELL-BEING; AND
(8) PROPENSITY TO ACT AS VOLUNTEERS WITHIN THE S.O.S. PROGRAMME.

## SOCIO-ECONOMIC DATA.

The median age of the 212 respondents was 75 years old. Most (68%) of the sample were still married, with 26% being widowed, 5.7% single, and one person being divorced. Ninety-one percent were fully or partially retired. The length of the retirement period varied with age, but for 89% of the respondents it had been at least three years.

A variety of reasons were given for taking retirement (Table Four), and although the plurality (39%) did not miss working, the majority expressed some misgivings, but for social and psychological rather than economic reasons (Table Five).

TABLE FOUR: MAJOR REASONS FOR RETIREMENT.

| | |
|---|---|
| COMPULSORY RETIREMENT AGE | 22.9% |
| POOR HEALTH | 20.8% |
| DID NOT WISH TO CONTINUE | 38.3% |
| TO PURSUE OTHER INTERESTS | 6.6% |

TABLE FIVE: WHY DO YOU MISS WORKING?

| | |
|---|---|
| MISS THE MONEY | 5.8% |
| MISS FEELING USEFUL | 22.3% |
| MISS PLEASURE OF JOB | 45.6% |
| MISS COMPANY AT WORK | 26.2% |

The majority (81%) of the respondents were Canadian born, English speaking (93%), had lived in Killarney for at least eleven years (89%), and in their present household [owned by 79%] for over five years (78%), and were thus likely to be fairly well integrated

into the community.

Although the data did reveal important exceptions, the study group was not, on average, in a position of dire financial exigency, and appeared quite able to pay for additional services if necessary. Although direct questions about the respondents financial status were often ignored (by over 83% of the sample), a series of indirect questions relating to occupation and financial needs revealed that 88% of the respondents find that their current income and assets at least adequately satisfy their present requirements.

It was also found that extra income, if it became availale, might be spent on housing, food and/or clothing, or medical or health needs, or recreational activities. More commonly, however, it would be directed toward better transportation and/or travel (Table Six). In addition, 84% indicated that they were confident that they would be able to at least adequately satisfy their future financial demands. Only one person felt that their income and assets could prove to be "totally inadequate" at some future time.

TABLE SIX: WHERE WOULD YOU SPEND EXTRA INCOME?

| | |
|---|---|
| BETTER HOUSING OR REPAIRS | 27.6% |
| FOOD AND/OR CLOTHING | 14.3% |
| MEDICAL OR HEALTH NEEDS | 10.3% |
| RECREATIONAL/ SOCIAL ACTIVITIES | 20.2% |
| TRANSPORTATION/TRAVEL OR TRIP | 53.2% |

## HOUSING SITUATION.

The housing situation in killarney is generally quite good, reflecting the quality of private housing, the provision of government programmes, and the existence of dwelling units constructed by service organisations. The general physical condition of 90% of the respondents' housing was rated as "good" by the volunteer surveyors, and these results were echoed by the respondents' answers.

i) As is the case with most rural areas, home-ownership was found to be common in the present study. Eighty four percent of the respondents lived in self-contained houses, with the balance living in aparments (9%) or seniors' housing units (7%). Seventy nine percent owned their housing, with the balance renting.

ii) The respondents were mostly long term residents of the community. Over eighty eight percent had lived in Killarney for at least ten years, and only some four percent had moved in within the past five years.

iii) The behaviour patterns of the respondents were likely to be quite settled, as most had been in their `present households' for long periods of time. Seventy eight percent had lived there for

at least five years, under four percent having moved into their present household during the previous year.

iv) Most had lived in Killarney or the neighbouring area prior to their most recent move, with less than one percent of the respondents having migrated from locations more than a day's journey away.

v) The major reasons for moving were retirement (37%), or a decreased ability to manage in the previous dwelling unit (32%). The next most frequent reason, a desire for independence, rated considerably lower (8%).

vi) A series of questions concerning the quality of the housing revealed that there was a general satisfaction with the structural nature of the respondents' housing -- and this was confirmed by a rating of respondents' housing conducted by the interviewers. For instance 99.5% had a `complete bathroom'; all had their own kitchen; 99% had (at least) one room where they could be `by themselves'; over 86% were in dwellings with at least two bedrooms; and over 94% were `satisfied', or `generally satisfied' with the heating system, with over 91% being `satisfied' or `generally satisfied' wih the cost of rent or upkeep. Fewer than 6% said their dwelling was in need of major repairs.

## HOME-RELATED ACTIVITIES.

A variety of activity patterns were surveyed, including both those within, and outside, the home. In the former group, activities such as radio and T.V., hobbies, reading and writing, and housework, gardening and yardwork were included (Table Seven). Passive activities (such as watching T.V.) were understandably the most popular, but more active events such as gardening were also prevalent -- although there were notable variations depending upon the kinds of activities. For instance, `heavy housework or yardwork' was only done by relatively few of the respondents, whereas `light housework or gardening' was done by the vast majority of the sample. However, there were significant gender and age variations in these data, with women participating less in heavy housework and yardwork, and older people generally being involved to a lesser extent than those in younger age groups. These results have proved to be valuable in indicating potential `targeting' areas for S.O.S. programming.

TABLE SEVEN: MAJOR HOME RELATED ACTIVITIES.

| | |
|---|---|
| READING AND WRITING | 82.9% |
| RADIO AND T.V. | 95.2% |
| COLLECTING HOBBIES | 33.8% |
| HANDWORK HOBBIES | 44.8% |
| LIGHT HOUSEWORK OR GARDENING | 90.0% |
| HEAVY HOUSEWORK OR YADWORK | 50.0% |

## COMMUNITY ACTIVITIES.

A series of questions was asked about the respondents' participation in a wide variety of community activities, in order to discover participation rates and potential areas of need. Although a high level of involvement had been expected, and had been predicted from the perceptions of the respondents themselves, the survey revealed a surprising number of activities that were repeatedly and successfully engaged in on at least a weekly basis (Table Eight):

TABLE EIGHT: MAJOR COMMUNITY ACTIVITIES.

| | |
|---|---|
| SPORTS AND GAMES | 42.3% |
| CHURCH RELATED | 50.9% |
| MUSIC, ART, THEATRE | 45.0% |
| MULTI-AGE RECREATIONAL GROUPS | 32.3% |
| RECREATIONAL GROUPS FOR AGED | 29.5% |
| SERVICE GROUPS | 28.6% |
| VOLUNTEER GROUPS | 38.6% |

At the same time, however, there was an obvious scope for further involvement in some of these activities, and thus for the involvement of the S.O.S.

## FORMAL AND INFORMAL SUPPORTS.

The potential for some support services already exists for many of the respondents, as they have been in the area for a long time. In addition, many have relatives close by (85%), and had visited with them during the past week (84%). They also get together with neighbours at least weekly (75%), and mantain contact with several close personal friends -- at least by phone.

Consequently nearly everybody has somebody who can be called for help if necessary (99%). Thus the requirements of these seniors do not generally include continual day-to-day service and support, but rather demand the kind of occasional aid that could be supplied by a programme such as S.O.S.

## PERCEIVED RESIDENTIAL OPTIONS AND PREFERENCES.

As one aim of the S.O.S. programme is to reduce the rate of institutionalisation of the elderly, the residential preferences of the respondents were also investigated, again using the seven-point ladder scale. Results revealed that:

i) All sub-groups of respondents felt that their life satisfaction would be at a low point if they lived in a personal care home.

ii) Living at home, but with home care was viewed more positively.

iii) Living in "elderly persons' apartments" was viewed even more positively.

iv) Living in a regular apartment was again rated more highly, but

v) Living at home, but with the aid of the S.O.S. Programme was the most highly rated option for all groups of respondents.

These results on residential preferences reflect the fact that most (85%) of the respondents believed that they could live more cheaply at home, but also demonstrate the respondents' partiality for remaining in their own residence where physically possible. As such the data clearly show that the seniors in Killarney are, at least in principle, receptive to a programme such as S.O.S.

## PATTERNS OF AND OPTIONS FOR TRANSPORATION.

A further extensive series of questions asked about problems with mobility, transportation, health, and the respondents' consequent abilities to carry on certain activities. Despite the fact that many of these questions were not of direct relevance to this report, it was discovered that:

i) although walking lengthy distances is not possible for many of the respondents, the 'usual transportation' modes are a problem for only a few (3.5%), Perhaps reflecting the small size and cohesiveness of the settlement;

ii) most people (92%) are in reasonably good health for their age, with few people experiencing difficulty in undertaking most of their day-to-day activities (except perhaps in winter). Once again these questions may be more revealing when compared to the end-of-project data.

Iii) there appears to be a potential for the expansion of the S.O.S. Programme into some areas of service that would make home living more comfortable for a significant group of people, and thus improve their well being. This growth might possibly reduce the use of existing government services, as well as fill gaps in present service provision.

For instance, some questions were addressed to those who had had an incapacitating illness in the past year. Several of these respondents, and particularly those in the older age groups, had made use of nursing services at home (14%), had had home care services (29%), and/or had needed help with meal preparation and/or shopping (0%). In addition, other respondents felt they had needed such services, but had not obtained them (10%, 12%, and 2% respectively). In both instances, S.O.S. Might be able to make an effective inroad into present servicing patterns.

## OVERALL HEALTH AND WELL-BEING.

As a group the respondents reported a variety of the physical difficulties normally associated with the aging process, ranging from relatively minor difficulties such as hearing impairments (37%), visual impairments (26%), and mobility problems (at least 20%), to more life threatening issues such as high blood pressure (25%) and heart problems (30%).

In part as a consequence of these difficulties 73% had been sick for several days at a time during the past year, yet fewer than 6% felt that their health was "poor" or "bad" for their age. At the same time, however, a number of those who had been sick saw a need for more help in such situations in the form of home nursing, a homemaker, or assistance with meal preparation or shopping, revealing a definite niche for S.O.S. to fill.

This apparent need becomes greater when the ability of the respondents to carry on different daily activities is considered -- particularly during the harsh prairie winters, when 18% had problems in going out of doors. In order to attempt to quantify the fulfilment that the respondents got from their lives, despite these health problems a number of different questions were addressed.

The particular "Life Satisfaction Index" used in this survey was designed (using a series of twenty questions) to calculate a score ranging from 0 to 20. The average score for this group was 14.3, a figure which was quite consistent across age and sex subdivisions. A more general question on this same topic revealed that 28% described their "satisfaction with life in general" as 'Excellent', and a further 56% described it as 'Good'. Females, however, showed in their answers to this question a higher level of satisfaction than did males, and patterns of satisfaction with life for both males and females showed some evidence of fluctuations with age.

As a change in peoples' quality of life is one of the major aims of the S.O.S programme, the Life Satisfaction Index was followed up by a further series of questions, using a 'ladder scale' which ranged from 1 to 7, with seven being the highest value and 1 the lowest. Results revealed that:

i) seventy seven of the respondents scored their present level of satisfaction at the upper end of the scale, with an average score of 5.5 (out of the possible seven).

ii) most respondents had been more satisfied with their lives five years earlier, and

iii) their greatest life satisfaction had been even farther in the past - for 27% of the respondents, at least thirty years ago, with

the median response being 20-30 years.

## PROPENSITY TO ACT AS VOLUNTEERS.

Lastly we asked a number of questions about volunteering, as the respondents to this survey are a potential source of `workers' in the S.O.S. Programme, as well as potentially being in need of S.O.S. Services. Results revealed that 71% have been members of formal volunteer organisations uring their lifetimes, and 88% had informally helped friends and neighbours. It was also found that:

i) relatively little volunteering is currently done.

ii) this level of volunteering is lower than was the case five years ago.

iii) this level is also lower than the maximum ever done, and

iv) this level is higher than is likely to be the case in the future. However,

v) eighteen percent were interested in acting as an S.O.S volunteer, and a further 17% `might do so'. The number who were interested, however, dropped dramatically with age with, for instance, 35% of the males who were 60 - 70 years old being willing to volunteer, compared to only five percent of those 80 years old and over.

## CONCLUSION.

The base-line survey has revealed the presence of a considerable number of elderly people in Killarney who both need and want support services such as those offered by the S.O.S. Project. In the perception of the respondents a programme such as S.O.S. would enable a larger proportion of people to stay in their own homes, and live at a higher level of personal satisfaction than is presently the case. If perception is reflected in reality at the end of the study period, the continued usefulness of S.O.S. should be demonstrable, as it should have clearly fulfilled its aims and goals.

Although recently initiated, and still in a growth phase, share our services has demonstrated that it does have a niche to fill in the Tri Lake Health District. The necessity for the project is also reflected by the fact that referrals to the programme have been made by a many (several dozen) people, including those in local government-funded activities such as Continuing and Acute Care, as well as family, friends, and neighbours.

One cause as well as a result of this pattern of referrals is that there has been a reduction in the services provided by health and community services workers. Added costs to the seniors of this

reduction in services have been alleviated in part by the volunteer services provided by S.O.S., as well as the use of the Services Referral Directory, that provides a useful source of alternative workers for fee-for-service jobs.

Thus the S.O.S. Project appears to have helped to relieve the stress experienced by many seniors upon the reduction of previously government-supplied services. The presence of the S.O.S. Coordinator and the S.O.S. programme has also been found to be a welcome alternative, for many seniors, to government operations with which the seniors often feel uncomfortable.

In addition to the original expectations for the S.O.S. scheme, some novel and innovative ideas have been developed in the programme, in addition to the aforementioned Service Referral Directory. For instance:

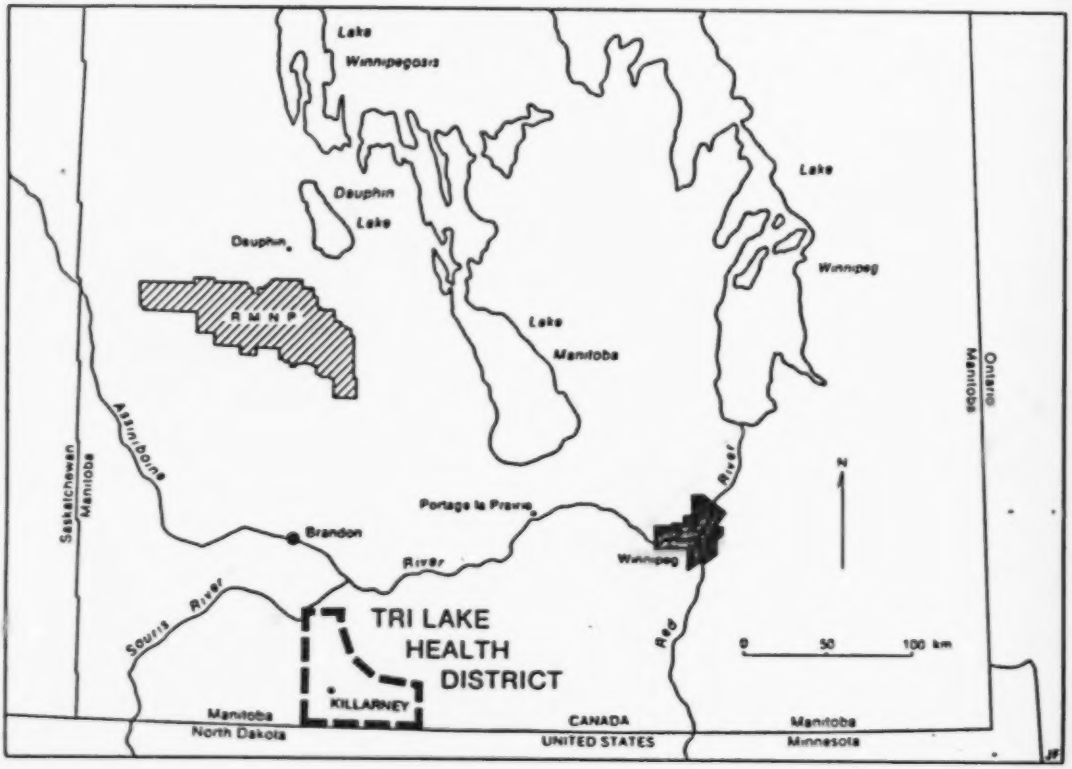
i) the use of a Speech Therapy Assistant on a volunteer basis for support of a senior following limitations resulting from a cardio-vascular accident.

ii) a service for snow removal for seniors inconjunction with the "Killarney Community Committee". The Committee gives guidance through the Social Worker for `young offenders' to work off service to the community in payment for traffic offences and misdemeanors.

FIGURES TO ACCOMPANY "OLDER ADULTS'S NEEDS AND RESOURCES IN A RURAL COMMUNITY: THE SHARE OUR SERVICES PROJECT."

FIGURE ONE: THE STUDY AREA.

FIGURE TWO: DISTRIBUTION OF THE ELDERLY IN KILLARNEY.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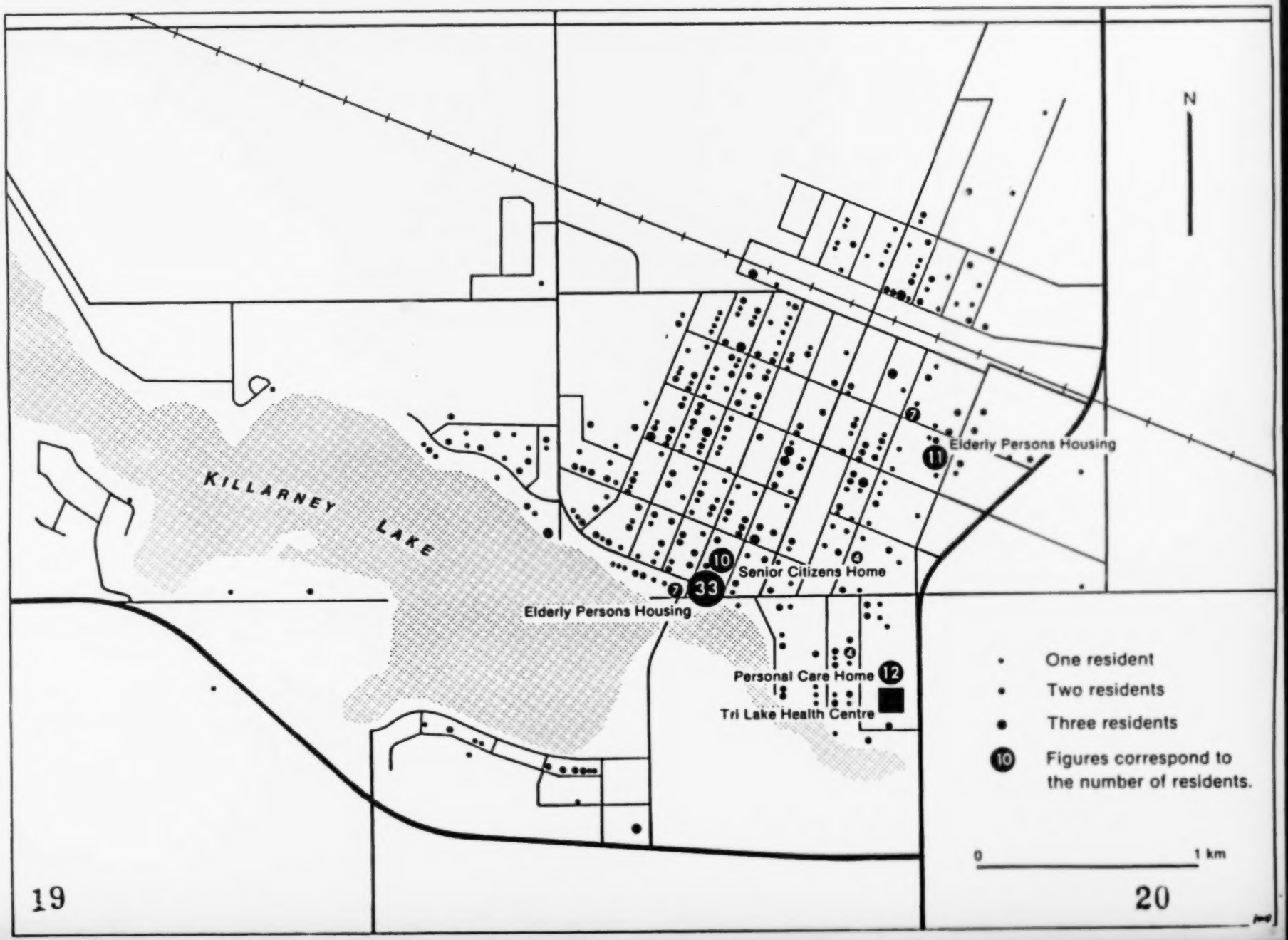
Manitoba
Minnesota


N
KILLARNEY LAKE
Elderly Persons Housing
11
Senior Citizens Home
10
4
7
33
Elderly Persons Housing
4
Personal Care Home
12
Tri Lake Health Centre
One resident
Two residents
Three residents
10
Figures correspond to the number of residents.
0
1 km
19
20